



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

Marino et al.

**SERIAL NO.:** 

10/630,220

**GROUP NO.:** 

1655

FILING DATE:

July 30, 2003

**EXAMINER:** 

K.C. Srivastava

TITLE:

CELL CULTURES

## CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 22<sup>nd</sup> day of May, 2006.

Denise A. Rose

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## Enclosed herewith are:

- Transmittal Form (1 page);
- Fee Transmittal (1 page);
- Response to Restriction Requirement (14 pages);
- Petition for Extension of Time (1 page);
- Check in the amount of \$60.00; and
- Return Receipt Postcard.

LIBC/2765171.1

	0148	Application Serial Number			10/630,220			
MAY 24 30 BO			Filing Date			July 30, 2003		
<b>3</b> 2 2006 8			First Named Inventor			Marino		
SED ASSICNATETAL			Group Art Unit			1655		
SMITTAL			Examiner Name			K.C. Srivastava		
FORM			Attorney Docket No.			IPT-01501		
			Patent No.	Patent No.		Not yet assigned		
			Issue Date		$\dashv$	Not yet assigned		
			CLOSURES (check all that apply)					
⊠ E	ee Transmittal Form	EN		e to File Missing	T	Notice of Appeal to Board		
	_		Parts of Appli		-	of Patent Appeals and Interferences		
	<ul><li>☑ Check Attached</li><li>☐ Copy of Fee</li><li>Transmittal Form</li></ul>		Formal Drawin	ng(s)		Appeal Brief (in triplicate)		
$\boxtimes$	Response to Restriction Requirement  Preliminary	Request For C Examination ( Transmittal				Status Inquiry		
☐ After Final		<u></u>	Dames of Atta		Ø	Return Receipt Postcard		
	Affidavits/declaration(s) Letter to Official Draftsperson		Power of Attor (Revocation of	rney f Prior Powers)	×	Certificate of First Class Mailing under 37 C.F.R. 1.8		
	including Drawings [Total Sheets]			laimer		Certificate of Facsimile Transmission under 37 C.F.R. 1.8		
	Petition for Extension of Time			aration and Power r Utility or Design ation		Additional Enclosure(s) (please identify below)		
	Information Disclosure Statement		Small Entity Statement					
	☐ Form PTO-1449 ☐ Copies of Citations		CD(s) for large table or computer program					
			Amendment After Allowance					
_	Document(s)		Request for Ce	ertificate of				
	Sequence Listing submission Paper Copy/CD		Correction  Certificate	of Correction (in				
	Computer Readable Copy		duplicate)	`				
Statement verifying identity of above								
CORR	ESPONDENCE ADDRESS	-		SIGNATURE BLOCK				
Direct :	all correspondence to: Patent Ad	ministrato	or			Respectfully submitted,		
Goodwin Procter LL Exchange Place Boston, MA 02109 Tel. No.: (617) 570- Fax No.: (617) 523- Customer No. 0514			.P -1000 -1231	Date: May 22, 2006 Reg. No. 50,356 Tel. No.: (617) 570-87				

				Complete if Known		
		pplication Serial Number		10/630,220		
	Filing D	<u> </u>		July 30, 2003		
	amed Inventor		Marino			
1/	Art Unit		1655			
MAY 2 4 LUUU			K. C. Srivastava			
	y Docket No. IPT-01501					
MOTHOD OF PAYMENT	FEE CALCULATION (continued)					
1. Paymon inclosed:			ITIONAL	FEES		
Check Money Order Other		Large Entity	Small Entity			
2. \( \sum \) The Commissioner is hereby authorized to credi	it	Fee	Fee	Fee Description	Fee Paid	
or charge any fee indicated below for this submi		(\$)	(\$)	•		
to Deposit Account No. 07-1700.				_		
Required Fees (copy of this sheet enclosed).		130	65	Surcharge - late filing fee or oath		
Additional fee required under 37 CFR 1.16 and	1.17.	50	25	Surcharge - late provisional filing fee or cover		
<b>M</b>		120	120	sheet		
Overpayment Credit.		130	130 2,520	Non-English specification  Request for ex parte reexamination	· · ·	
3. Applicant claims small entity status.		2,520 120	60	Extension for reply within first month	\$60.00	
FEE CALCULATION  1. FILING/SEARCH/EXAM/SIZE FEES		450	225	Extension for reply within first month	Ψ00.00	
I. FILING/SEARCH/EXAM/SIZE FEES  Large Entity		1020	510	Extension for reply within third month		
	Paid	1590	795	Extension for reply within fourth month		
ree (5) ree Description	Taiu	2160	1080	Extension for reply within fifth month		
300 Utility filing fee	<del></del>	500	250	Notice of Appeal		
500 Utility search fee		500	250	Filing a brief in support of an appeal		
200 Utility exam fee		1000	500	Request for oral hearing		
250 Utility size fee (each add'l 50 pgs. over 100)		400	400	Petitions to the Commissioner (Gp. I)		
200 Design filing fee		200	200	Petitions to the Commissioner (Gp. II)		
100 Design search fee		130	130	Petitions to the Commissioner (Gp. III)		
130 Design exam fee		180	180	Submission of Information Disclosure		
250 Design size fee (each add'l 50 pgs. over 100)		790	395	Statement Filing a submission after final		
		/90	393	rejection (37 CFR 1.129(a))		
Number Number Rate A	mount	790	395	For each additional invention to be		
Filed Extra				examined (37 CFR 1.129(b))		
Total Claims $-20 = x $50.00 =$		100	100	Certificate of Correction for		
				applicant's error		
Independent		130	65	Submission of Terminal Disclaimer		
Claims $-3 = x $200.00 =$		Other fee (S		<del> </del>		
☐ Multiple Dependent Claim(s), if any \$360.00 =		Onici ice (i	эрсспу)		· · · · · · · ·	
TOTAL:						
SMALL ENTITY DISCOUNT:						
SUBTOTAL (1) (\$)						
2. AMENDMENT CLAIM FEES				OVERTOR (A)	0000	
1	Fee Paid			SUBTOTAL (3)	\$60.00	
Remaining Previously Extra  After Amend. Paid For						
Total - = $x $50.00 =$				SUBTOTAL (I)		
Indep = $x $200.00 =$				SUBTOTAL (2)	00000	
First Presentation of Multiple Dep. Claim + \$360.00=				SUBTOTAL (3)	\$60.00	
TOTAL: (\$)  SMALL ENTITY DISCOUNT: (\$)						
SUBTOTAL (2) (\$)	-			TOTAL	\$60.00	
CORRESPONDENCE ADDRESS				SIGNATURE BLOCK		
Direct all correspondence to:				Respectfully submitted,		
Patent Administrator						
Goodwin Procter LLP		Date: May 22, 2006				
Exchange Place		Reg. No.: 50,356 Theresa C. Kavanaugh Tel. No.: (617) 570-8743 Attorney for Applicants				
Boston, MA 02109						
Tel. No.: (617) 570-1000		Fax No.: (6	or/) 523-1			
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Customer No. 051414			DOSION, IVIA 02109			